



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

Indiana Department of Environmental Management

Office of Water Quality

INSTRUCTIONS: Complete all parts of this form and fax it to Office of Water Quality, Compliance Evaluation Section at (317) 232-8637 or 232-8406. This report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION			
Facility Name:	County:	NPDES Permit Number:	
Individual Making Report:	Phone Number:	Date & Time IDEM Notified:	
RELEASE INFORMATION			
Date & Time Release Began:	Date & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Receiving Area: (Ground, Stream Name, Storm Sewer, etc.)
Amount of Flow Released:	WWTP Flow During Release:	WWTP Peak Design Flow:	
Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual			
Description of the Bypass or Overflow: (Check All That Apply) <input type="checkbox"/> Untreated Release <input type="checkbox"/> Partially Treated Release <input type="checkbox"/> Bypass of a Treatment Process <input type="checkbox"/> Blended With Final Effluent & Sampled			
Describe any damage to aquatic life or receiving stream:			
Reason for Bypass/Overflow: <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Precipitation _____ Inches			
Additional Information:			
Actions Taken to Prevent, Minimize, or Mitigate Damage:			
Actions Taken or Planned to Prevent Recurrence:			

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE:

DATE: